



**HUMAN RESOURCES OFFICE
TECHNICIAN / AGR ADMINISTRATIVE INSTRUCTION**

Number: 07-39

7 November 2007

**FEDERAL EMPLOYEES DENTAL AND VISION INSURANCE PROGRAM (FEDVIP)
2007 OPEN SEASON
12 NOVEMBER 2007 – 10 DECEMBER 2007**

EXPIRES: 10 DECEMBER 2007

1. This TAAI provides further guidance and information regarding Open Season for the Federal Employees Dental and Vision Insurance Program (FEDVIP).
2. FEDVIP allows separate coverage for dental and vision over and beyond the Federal Employees Health Benefits (FEHB).
3. Premiums are at a government group rate but differ from FEHB by having no shared cost by the government. The premiums are taken out prior to taxation.
 - a. Employees do not have to be currently enrolled in FEHB but must be eligible for FEHB to enroll in FEDVIP.
 - b. Employees can select Vision only, Dental only, both or neither.
 - c. Employees can select Self Only, Self and One (the employee designates the one eligible family member) or Self and Family (covering all family members).
 - d. Employees may designate a different category for each benefit. For example: Vision – Self and One then Dental – Self and Family.
 - e. Employees may designate a different family member under the Self and One category. For example: Vision – Self and One (Mary Jean) then Dental – Self and One (Johnny Joe).
 - f. Employees may select from any coverage plan that he or she chooses. For example: Employee has Blue Cross/Blue Shield under the FEHB plan, but the employee designates United Concordia as his or her Dental provider.
 - g. Once enrolled in FEDVIP, enrollment must continue until the next Open Season. Only specific Qualifying Life Events may adjust this requirement.

TAAI 07-39

SUBJECT: FEDERAL EMPLOYEES DENTAL AND VISION INSURANCE PROGRAM
(FEDVIP) 2007 OPEN SEASON, 12 NOVEMBER – 10 DECEMBER 2007

4. The effective date of FEDVIP Open Season enrollments, changes, or cancellations is Tuesday, January 1, 2008. Please note this effective date is different from the effective date of FEHB Open Season enrollments for most employees. FEDVIP enrollments automatically continue from year to year like FEHB enrollments. FEDVIP enrollments also continue when enrolled employees retire (there is no "five-year rule").

5. Employees who wish to enroll, change, or cancel their enrollment in a FEDVIP plan must do so by visiting the BENEFEDS website at www.BENEFEDS.com or by calling BENEFEDS at 1-877-888-FEDS (1-877-888-3337) or TTY 1-877-889-5680 during Open Season. An eligible employee who elects to enroll in FEDVIP **must** participate in premium conversion. Limited paper enrollment is allowed. If you have absolutely no phone and no Internet access during all of Open Season, please contact BENEFEDSPortal@opm.gov to make arrangements for enrollments.

6. The 2008 vision insurance rates are provided as enclosure 1 and 2.

7. If you have questions or need assistance, please call Sharon Costello at 916-854-3158, DSN 466-3158 or CAGNET 63158.



STUART D. EWING
Captain, CA ANG

Deputy Director for Human Resources

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Federal Employees Dental and Vision Insurance Program (FEDVIP) 2008 Nationwide and Regional Dental Rates

2008 Nationwide Dental Rates

Please note: Rating areas for each carrier are not the same for all plans. Please see the specific plan brochure/website or call the plan's customer service number to determine your specific region and premium.

Plan Name	Option	Rating Region	Biweekly Premium			Monthly Premium		
			Self Only	Self Plus One	Self & Family	Self Only	Self Plus One	Self & Family
Aetna PPO	High (In and Out-of-Network benefits)	1	\$12.16	\$24.33	\$36.49	\$26.35	\$52.72	\$79.06
		2	\$13.37	\$26.74	\$40.12	\$28.97	\$57.94	\$86.93
		3	\$14.21	\$28.44	\$42.65	\$30.79	\$61.62	\$92.41
		4	\$15.67	\$31.33	\$47.01	\$33.95	\$67.88	\$101.86
		5	\$17.00	\$33.99	\$50.99	\$36.83	\$73.65	\$110.48
GEHA PPO	Standard (In and Out-of-Network benefits)	1	\$9.37	\$18.75	\$28.12	\$20.30	\$40.63	\$60.93
		2	\$10.27	\$20.53	\$30.80	\$22.25	\$44.48	\$66.73
		3	\$11.62	\$23.23	\$34.85	\$25.18	\$50.33	\$75.51
		4	\$12.52	\$25.04	\$37.56	\$27.13	\$54.25	\$81.38
		5	\$13.87	\$27.74	\$41.61	\$30.05	\$60.10	\$90.16
GEHA PPO	High (In and Out-of-Network benefits)	1	\$13.06	\$26.12	\$39.18	\$28.30	\$56.59	\$84.89
		2	\$14.34	\$28.66	\$43.00	\$31.07	\$62.10	\$93.17
		3	\$16.22	\$32.45	\$48.67	\$35.14	\$70.31	\$105.45
		4	\$17.49	\$34.99	\$52.48	\$37.90	\$75.81	\$113.71
		5	\$19.40	\$38.79	\$58.19	\$42.03	\$84.05	\$126.08
MetLife PPO	Standard (In and Out-of-Network benefits)	1	\$7.92	\$15.85	\$23.77	\$17.16	\$34.34	\$51.50
		2	\$8.55	\$17.11	\$25.66	\$18.53	\$37.07	\$55.60
		3	\$9.45	\$18.90	\$28.35	\$20.48	\$40.95	\$61.43
		4	\$10.48	\$20.96	\$31.44	\$22.71	\$45.41	\$68.12
		5	\$11.49	\$23.00	\$34.49	\$24.90	\$49.83	\$74.73
MetLife PPO	High (In and Out-of-Network benefits)	1	\$13.03	\$26.05	\$39.07	\$28.23	\$56.44	\$84.65
		2	\$14.56	\$29.13	\$43.69	\$31.55	\$63.12	\$94.66
		3	\$15.84	\$31.67	\$47.50	\$34.32	\$68.62	\$102.92
		4	\$17.12	\$34.23	\$51.35	\$37.09	\$74.17	\$111.26
		5	\$19.16	\$38.30	\$57.46	\$41.51	\$82.98	\$124.50
United Concordia PPO	High (In-Network benefits only except for emergency services)	1	\$12.03	\$24.05	\$36.09	\$26.07	\$52.11	\$78.20
		2	\$13.78	\$27.55	\$41.32	\$29.86	\$59.69	\$89.53
		3	\$14.95	\$29.87	\$44.82	\$32.39	\$64.72	\$97.11
		4	\$16.11	\$32.20	\$48.32	\$34.91	\$69.77	\$104.69
		5	\$17.86	\$35.70	\$53.54	\$38.70	\$77.35	\$116.00

2008 Regional Dental Rates

Plan Name	Option	Rating Region	Biweekly Premium			Monthly Premium		
			Self Only	Self Plus One	Self & Family	Self Only	Self Plus One	Self & Family
CompBenefits PPO	High	1	\$10.00	\$20.00	\$30.00	\$21.67	\$43.33	\$65.00
		2	\$10.26	\$20.51	\$30.77	\$22.23	\$44.44	\$66.67
		3	\$10.82	\$21.65	\$32.47	\$23.44	\$46.91	\$70.35
		4	\$14.05	\$28.10	\$42.14	\$30.44	\$60.88	\$91.30
		5	\$14.80	\$29.60	\$44.40	\$32.07	\$64.13	\$96.20
GHI PPO	High	1	\$16.45	\$32.90	\$49.34	\$35.64	\$71.28	\$106.90
Triple S PPO	High	1	\$4.29	\$8.59	\$11.33	\$9.30	\$18.61	\$24.55

Federal Employees Dental and Vision Insurance Program (FEDVIP)

2008 Nationwide and International Vision Rates

Plan Name	Telephone & Website	Plan Option	Biweekly Premium			Monthly Premium		
			Self Only	Self Plus One	Self & Family	Self Only	Self Plus One	Self & Family
FEP BlueVision	1-888-550-2583 fepblue.org	Standard	\$3.97	\$7.95	\$11.93	\$8.60	\$17.23	\$25.85
		High	\$5.01	\$10.02	\$15.03	\$10.86	\$21.71	\$32.57
Spectera	1-866-375-3263 spectera.com/myfedvision	Standard	\$2.76	\$5.41	\$8.05	\$5.98	\$11.72	\$17.44
		High	\$3.59	\$7.01	\$10.45	\$7.78	\$15.19	\$22.64
VSP (Vision Service Plan)	1-800-807-0764 choosevsp.com	Standard	\$3.82	\$7.66	\$11.48	\$8.28	\$16.60	\$24.87
		High	\$5.40	\$10.82	\$16.22	\$11.70	\$23.44	\$35.14